

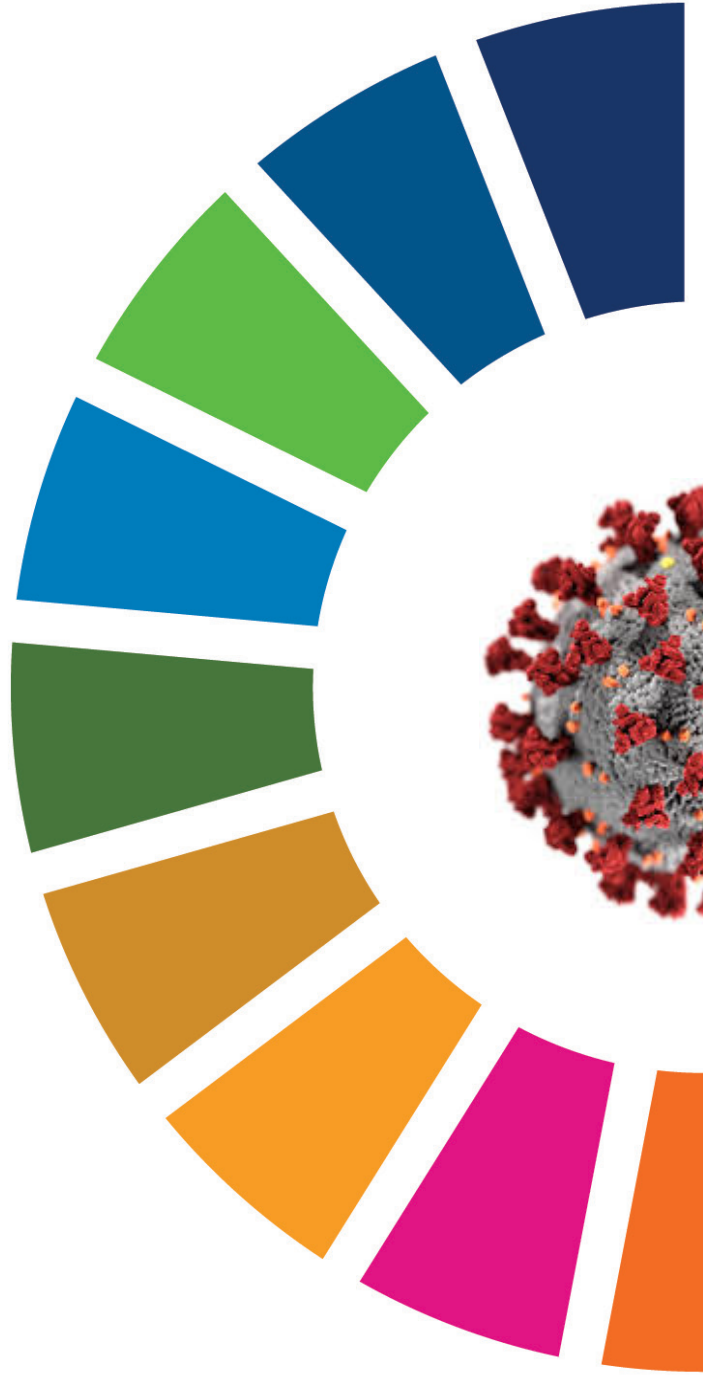


**RAPID ASSESSMENT**

**THE SOCIO-ECONOMIC  
IMPACTS OF  
COVID-19 IN ERITREA**

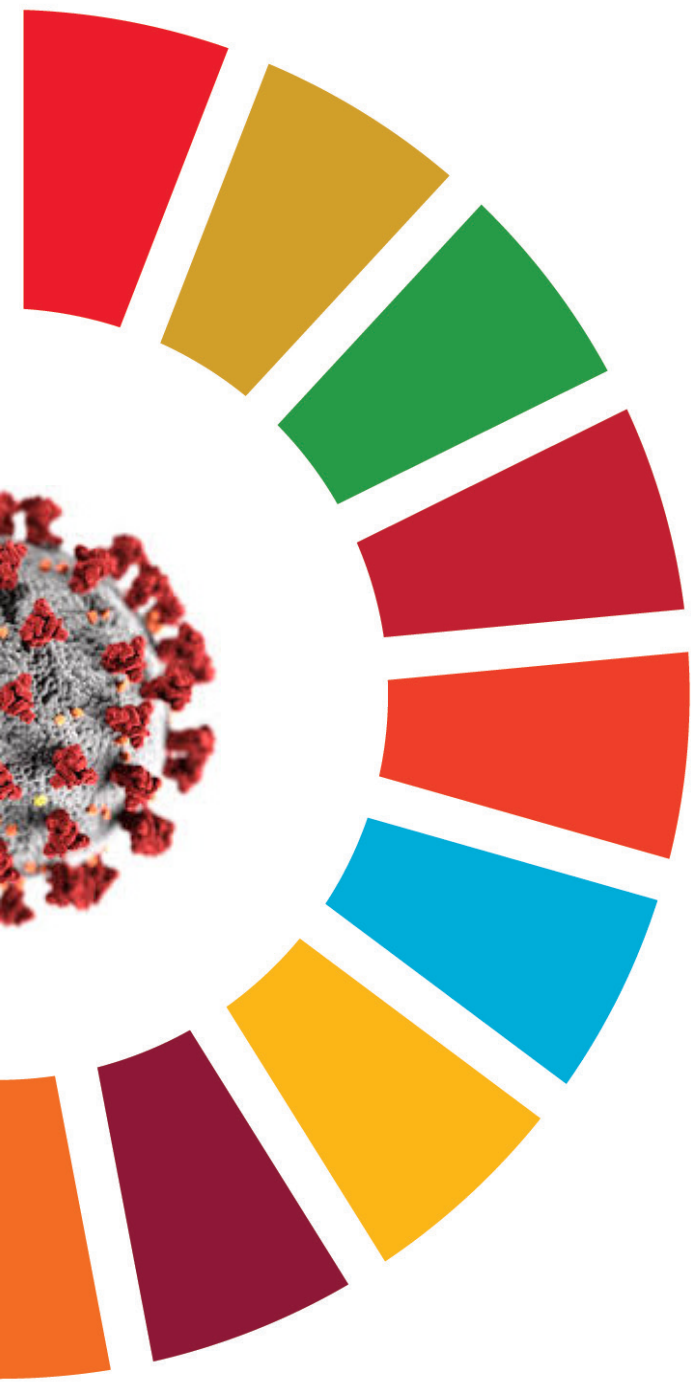
**PRELIMINARY FINDINGS**

**May 2020**



# Table of Contents

---



01	<b>I. INTRODUCTION</b>
02	<b>II. ASSESSMENT CONTEXT</b>
03	<b>III. ASSESSING THE IMPACTS OF COVID-19 IN ERITREA</b>
	A. Impacts on the Health System
	B. Water, Sanitation and Hygiene Part 1: Strategic
	C. Agriculture, Food and Nutrition Security, and Rural Livelihoods
	D. Education
	E. Macro-economic impacts
	F. Leaving No One Behind
15	<b>IV. POLICY IMPLICATIONS AND RECOMMENDATIONS</b>
17	<b>V. CONCLUSION</b>
18	<b>ANNEX I : SUMMARY OF EMERGENCY AND RECOVERY NEEDS AND COSTING</b>
19	<b>Annex II. DETAILED SECTORAL RECOMMENDATIONS</b>



# SUSTAINABLE DEVELOPMENT GOALS





# I. INTRODUCTION

The global COVID-19 pandemic has brought the world to a virtual standstill. It would be expected that the specific impacts of the pandemic will vary in detail from country to country. Nevertheless, the interconnectedness of the global system means that all countries will be negatively impacted. The unprecedented scale of the disruption world-wide is leading to the collapse of economies, job losses, constrained movement of people, school closures, among others, and could lead to the quick unravelling of the gains made in the global 2030 Agenda.

This paper is an initial rapid assessment of the extent to which the global COVID-19 crisis has impacted Eritrea, with a focus on individuals including the most vulnerable communities, medium small and micro enterprises (MSMEs), the informal and other public sectors. It is intended primarily to inform the UN's strategic thinking and programming response to COVID-19 and guide its engagement with and support to Government. It is expected that, in its follow-up iterations, the assessment will be expanded to include more real time impacts from various sectors of Government that include health, MSMEs, agriculture, food and nutrition security and rural livelihoods.

The assessment examines the COVID-19 impacts on key basic services sectors with a focus on those most vulnerable (i.e. low-income households, the elderly above 65 years of age, orphans and vulnerable children, refugees etc.) It identifies impacts across key dimensions and the effects on specific groups who are more vulnerable to adverse labour market outcomes. The paper surmises some key policy implications and makes programmatic recommendations aimed at reducing the country's vulnerability and strengthening its multi-sectorial resilience.

The assessment is aligned to the "United Nations Framework for the immediate socio-economic response to COVID-19: shared responsibility, global solidarity and urgent action for people in need" which emphasises 5 streams of action that place communities at the center of the recovery efforts and 'building back better' by inter-alia, i. protecting existing health services and strengthening health systems' capacity to respond to COVID-19; ii. helping people cope with adversity,

through social protection and basic services; iii. protecting jobs, supporting small and medium-sized enterprises, and informal sector workers through economic recovery programmes; iv. guiding the necessary surge in fiscal and financial stimulus to make macroeconomic policies work for the most vulnerable and strengthening multilateral and regional responses; and v. promoting social cohesion and investing in community-led resilience and response systems.

This rapid assessment is based on mixed methods including secondary data, desk review of existing national frameworks (such as Proclamations), available official data, sectoral inputs from the GoSE, and where applicable recent surveys and administrative statistics. Key sources of data and means of verification are government agencies directly involved in the response. Using the available information to surmise current trends and how they are likely to play out in the short- to medium-term future, the report develops some plausible national scenarios. The assessment offers programmatic recommendations on reducing the overall impact and enhancing resilience of people including livelihood opportunities and businesses in the short- and medium-term.







# III. ASSESSING THE IMPACTS OF COVID-19 IN ERITREA

Overall, it is recognised that COVID-19 impacts in one area will have knock-on effects on several others and could follow the general pathway indicated in the graphic below.

In the following section, the report considers the impacts on the key social and economic sectors which are central to the achievement of Agenda 2030 and are key pillars of the UN’s partnership with the Government of Eritrea.

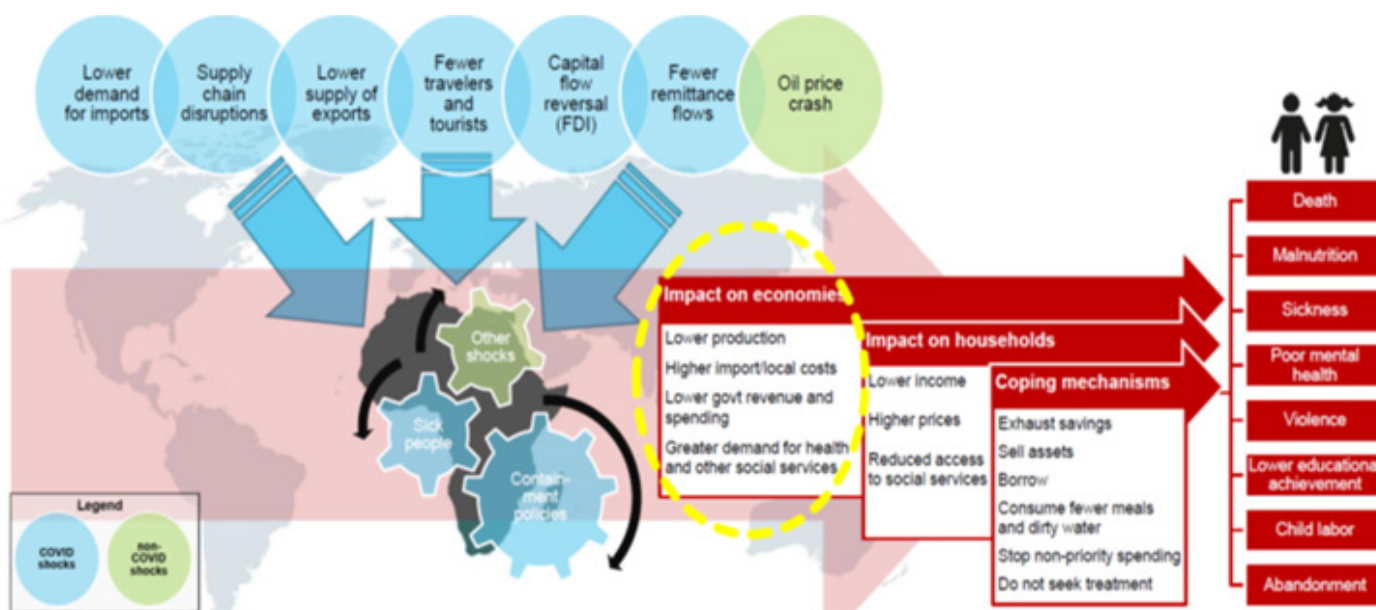


Figure 1: Pathways of the socioeconomic impacts of COVID-19 <sup>4</sup>

## A. Impacts on the Health System



The health sector in Eritrea has enjoyed stellar performance over the years especially in the delivery of primary healthcare. That progress would be seriously threatened if the pandemic persisted and infections spread. Over the years, the sector particularly benefitted from significant and equitable domestic resource allocation, leading to commendable quality healthcare delivery across board. The country has also performed exceptionally in the prioritization of essential

health services such as maternal and adolescent health; paediatric care; and healthcare for the elderly. The innovative deployment of frontline “barefoot” and middle cadre doctors deserves mention. As a result, Eritrea is among the countries that demonstrated progress in the health MDGs. The country has committed to Universal Health Coverage (UHC) and to further enhance quality and efficiency in primary and community-based healthcare.

<sup>4</sup> UNCEF RO on The Socioeconomic Impacts of COVID in ESAR and the Role of Social Policy



Prior to COVID-19, the country was grappling with gaps in the provision of sustainable health services including unavailability of specialized health cadres. Diagnostic gaps exist in specialized care, including intensive care and critical lifesaving care in chronic conditions. Other limitations include data and quality reliable health statistics and logistics and gaps in delivering essential health packages such as maternal health.

With 39 cases, 30 recoveries and no death or need for intensive care as at 6 May 2020,<sup>5</sup> the outlook of the pandemic appears positive and promising. The country should nevertheless not relent in its efforts but should brace for any possible spike in cases or a second wave of infections step-up investment in areas such as Intensive Care Unit (ICU) beds capacity.

Given that Eritrea depends largely on domestic resources for health sector development, the COVID-19 pandemic could have profound implications if demand for health services were to increase significantly. If the spread widens, the pandemic is bound to shock the health sector by overrunning the ability to provide regular essential health services while at the same time attending to increasing COVID-19 patients.

The pandemic could erode the gains made towards the achievement of Universal Health Coverage (UHC) and non-COVID-19-related health services. Eritrea has historically focused on Universal Health Coverage (UHC), which has entailed the provision of an essential package of health care services to all citizens across the life cycle. The COVID-19 will likely interrupt services and divert focus and resource away from routine Primary Health Care (PHC) which has already begun to yield positive results. COVID-19 also threatens to negatively affect the supply, demand and quality aspects of the current PHC services. Due to current containment measures, healthcare providers are unable to reach out to communities to provide regular essential health services, including GBV services, while communities have limited access to the required services due to the suspension of public transport. The lack of transport may also lead to increased maternal complications as pregnant women will be forced to deliver at home and therefore exacerbating the



<sup>5</sup> WHO COVID-19 SITREP – 4 May 2020





already high maternal mortality and other obstetric complications. The lockdown measures mean access to treatment for chronic illnesses including hypertension, diabetes, HIV and AIDS and others is limited.

With global lockdowns and the suspension of commercial flights, cargo flights and sea transport, and the closure of factories and production plants both locally and abroad, the medical, food and other supply chains have been disrupted. This has a potential knock-on effect on the safety of front-line service providers due to the inadequate supply of personal protective gears. This is also impacting both the COVID-19 containment measures and the provision of critical health services to non-COVID-19 related cases. Provision of family planning and other sexual and reproductive health services and commodities, including those related to menstrual health, SHRH, GBV support, etc. are central to women and girls' health, empowerment and self-dignity, and may be impacted as supply chains undergo strains from the COVID-19 pandemic

response. These could have effects on to STIs, unwanted and unplanned pregnancies and recourse to unsafe abortion. While the burden of triaging, detecting and referring suspected cases will affect all levels of care including the community level, the possibility of work overload on health workers has been shown to affect mainly secondary and tertiary levels of PHC.

Stress and anxiety could lead to increased depression if the pandemic continues. Physical distancing, lockdowns and the closure of recreational places is keeping most people home with less work to do amidst declining incomes for some. The lack of internet for most part of the population means limited avenues to connect with loved ones. It is very early in the assessment to tell whether there has been any recourse to alcohol and substance abuse to deal with stress. In addition, there is fear and erosion of confidence in the use of social services as people become reluctant to ask for services or be in proximity with others.

## B. Water, Sanitation and Hygiene



Within the Water, Sanitation and Hygiene (WASH) sector notable progress has been made in areas such as ending open defecation (ODF) from 90% in 2010 to 40% in 2019 and, before the COVID-19 outbreak, the Government appeared to be approaching its target of making Eritrea ODF-free by 2022.<sup>6</sup> Access to safe water supply in rural communities has also progressively improved from 49.9% in 2010 to 65.4% in 2019). In addition, Eritrea has made significant advances in water and sanitation service delivery including the 2010 "Water Resources Proclamation" which made the country one of the first to recognise the Rights in Water (article 5) and the Right to Water (article 35). The Proclamation includes a definition of water, its management and protection.<sup>7</sup> Following the national reprioritization programme in 2019, measures are being taken to scale up the rural water supply and sanitation and upgrade urban water supply and sanitation systems.<sup>8</sup>

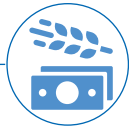
COVID-19 is however likely to compound existing challenges in the WASH sector, retard progress and divert resources and attention from current programming to address them. Critical challenges include limited data, limited water resources due to Eritrea's climatic conditions, a weak supply chain, poor quality and coverage of urban supply networks. According to Eritrea's Population and Health Survey (EPHS) 2010 49.9% of the rural population had access to improved water supplies, compared to 72.9% of the urban population, averaging 57.9% nationally. An estimated 27% of the total urban population relies on unimproved drinking water sources, of which about 95%

<sup>6</sup> Ministry of Health (2018), *Roadmap to end open defecation in Eritrea by 2022*

<sup>7</sup> *Water Proclamation, 2010. Art 3.*

<sup>8</sup> Ministry of Land, Water, and Environment Department of Environment (2019), *2019-2030 OneWASH Strategy and Investment Plan*





## C. Agriculture, Food and Nutrition Security, and Rural Livelihoods

The agricultural sector in Eritrea is built on a chain of informal and formal micro, small and medium enterprises. The sector is expected to experience major shocks with repercussions on the national economy, the private sector, the agricultural value chain, and livelihoods of the entire population.

Malnutrition remains a major public health concern, while it is envisaged that the investments in nutrition in the last few years will have brought about some improvements, there is inadequate statistical data to qualify this. The last EPHS in 2010 indicates that every other child is suffering from chronic malnutrition (50% stunting), with acute malnutrition at an emergency threshold at 15% GAM (Global Acute Malnutrition).

The COVID-19 pandemic is expected to increase the levels of acute malnutrition especially among the nutritionally vulnerable, owing to the necessary containment measures that have been put in place to slow down the spread of the disease. The pandemic will pose particular challenges for the nation's informal urban food sector, which provides critical income for farmers and nutrition for consumers.

The impact of the COVID-19 on malnutrition directly and indirectly represents the non-income face of poverty and is embodied within all targets of the SDGs. Addressing maternal and child undernutrition is, therefore, in itself a major COVID-19 response and mitigation effort to be addressed collectively through mutisectorial approach.

The current containment measures have also had significant implications on the food supply chain by considerably inhibiting the production and distribution of food. Entire production chains for cattle rearing, fishing, vegetable production and

employment in the sector are being disrupted. The inability of farmers to recover their production costs would erode their ability to return to their pre-COVID-19 agricultural activities.

The following specific impacts on the sector are becoming evident:

- i. There is limited or no access to inputs which implies that farmers are unable to carry out their normal work, utilise seasonal labour, equipment and the technical knowhow required for their production activities.
- ii. About a quarter of the jobs in the agriculture sector is at risk: The Agriculture sector employs 628,322 people of which 317,508 are women. The loss of jobs and business opportunities in the urban and peri-urban areas around the country will amount to about a quarter of those employed in the sector and put further strain on rural households who depend on family members and relatives working in the sector.
- iii. Market disruptions, including reduced imports and closure of many informal markets, are likely to push up prices of basic foods. This may severely reduce the income of farmers and their ability to feed their families, which in turn increases the risk of many farmers going out of business.
- iv. The pandemic has made it difficult to combat the desert locust outbreak. Eritrea was already working to respond to one of the most serious desert locust invasions.<sup>19</sup> The disease outbreak has measures to contain it havemade it difficult for Government and its partners to monitor locust control activities as well as procure and deliver materials required for the response.

<sup>16</sup> Education EMIS data set of 2017

<sup>17</sup> An integrated framework for coordinated WASH-related actions guided by the SDG principle "leave no one behind" and aims to improve WASH service standards in Eritrea by adopting evidence- and data-based policies, expanding the WASH-related workforce and its technical capacity, securing sustainable access to WASH-related services and facilities for all communities and institutions and mobilizing WASH-related resources.

<sup>18</sup> Art 35, al.1 (Water Proclamation): Notwithstanding the provisions of art 34, the Ministry (land and water) shall exert all effort to ensure that every citizen exercises the right of access to basic water supply Art 35, al.2: The Ministry shall develop schemes of subsidizing the costs associated with provision of water services for disadvantaged segments of the society.

<sup>19</sup> With the support of FAO.



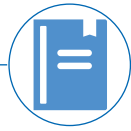
v. Fishing and fisheries activities have been hampered and this will halt or negate efforts to expand the production of the sector which is currently under-utilized. Women in this line of work stand to be the most affected since they usually participate as foot fishers with little or no safety nets.

vi. Levels of acute malnutrition could worsen in the short to medium term. The deterioration could see acute malnutrition increase by 25-30%. The potential negative impact on nutrition would have a detrimental impact on health and nutrition outcomes for children and women.

vii. Increased spread of the disease could have a significant impact on child feeding and caring practices such as breast feeding due to physical distancing recommendations and isolation of suspected cases. Other impacts on pregnant and

lactating mothers may lead to neonatal mortality and other maternal complications. Coverage of lifesaving therapeutic nutrition services alongside other routine nutrition services delivery could be significantly impacted leading to a higher burden of management of acute malnutrition later in the post-COVID-19 period demanding a significant amount of resources. Limited therapeutic nutrition services provision also translates into higher preventable child mortality and morbidity as malnourished children have higher susceptibility of dying.





## D. Education

The indefinite closure of schools has both short-term and long-term consequences. Eritrea has made great progress in enrolling more children to school in the past two decades. Nevertheless, prior to the pandemic there were still almost a quarter of a million children out of school. According to the 2018-2019 Educational Management Information System (EMIS) report, while most (83.6%) of primary-school aged children are enrolled at the right level, over 80% of pre-primary aged children were out of school and only 44.3% of the middle level aged children were enrolled in middle level education. Similarly, the learning outcomes pose a challenge as less than half of the children meet the desired mastery levels for the foundational skills and only a little over third of the children meet the desired mastery level at grade 5 according to the Monitoring Learning Achievement (MLA IV) survey in 2018.

Specific impacts on education include:

- i. Alternative instructions and learning time are uneven for students thereby weakening their uptake. School closure has had implications in the instruction time and mode, which according to evidence links directly with the learning outcomes. While the MoE is already providing media-transmitted instruction for secondary school, missed instruction time for the lower levels was running into several weeks by end of April, thus weakening the uptake of the expected skills during this school year.
- ii. Furthermore, children, including those with disability or in poor and remote communities are missing the most on media-transmitted instruction due to less access to radio and television. While students are expected to do self-studies at home as they wait for the media-based instruction to start, many of the parents have limited ability to support their children's learning and the most vulnerable children often have the least support from their parents, thus increasing the inequalities in terms of learning outcomes.
- iii. The extended absence from school is likely to increase school dropout post-COVID-19. This will also limit opportunities for peer support through

social engagement at school as well as reduce access to information on health and hygiene. For adolescents and young people, increased time out of school may push them to engage in risky behaviours. With the current trend in containment measures, children in grade 8 are likely to have their Grade 8 exams delayed or postponed to next year. This may further impact student placement and further studies.

- iv. Impacts for teachers are linked to potential loss of income, especially for those teachers who are hired directly by the communities. Additionally, there will be a work overload for teachers resulting from accumulated pending lessons due to prolonged closures. Teachers' ability to cope with the requirements and stress of reopening of schools and the gaps in students' skills and knowledge levels may be limited and they may need a lot of additional support. Furthermore, the extended presence of children at home specifically limits women's ability to work or engage in economic opportunities.







in 2021 due to resumption of economic activities should COVID-19 be contained globally and, locally, the locust invasion controlled to allow resumption of agricultural production.

ii. Due to COVID-19’s impact on supply chains, inflation is expected to increase by 1.6 % in 2020. Domestic supply (locally-produced and imported goods) continues to be affected by the containment measures. Additionally, similar measures in Ethiopia including a state of emergency are making it increasingly impossible for traders in Eritrea to access imported products from its neighbour.<sup>23</sup> Inflation is expected to rise further to 3.1 % in 2021 due to an increase in consumption demand.

iii. The budget balance is expected to change from a surplus in 2019 to a deficit in 2020. As Government ramps up public spending to contain COVID-19 amid lower domestic revenue mobilization following reduced economic activities,<sup>24</sup> government surplus in 2019 will change to deficit. The fiscal balance is estimated at -3.8% of GDP in 2020 and -4.7% in 2021, which are higher deficits compared to the pre-COVID-19 estimates for the same period.<sup>25</sup> The fiscal deficit will likely be financed by concessional external borrowing.<sup>26</sup> While COVID-19 will marginally increase the country’s indebtedness, the Government will nevertheless have to continue to service its debt obligations.

iv. Due to current transfers to fight COVID-19, the current account surplus is estimated to increase marginally by 0.1 percentage point to 11.4% of GDP in 2020 compared to 2019.<sup>27</sup> In 2021, the current account surplus is projected to drop to 6.5 % of GDP as the full impact of COVID-19 on the exports of goods and services manifests.

v. A prolonged crisis in China, South Korea and Spain will have a ripple effect in the external sector of Eritrea. As illustrated in Figure 2, China (accounting for 53% or USD 109 million), South Korea (37% or USD 76.4 million) and Spain (9.6% or USD 19.8 million) are the top three destinations for Eritrea’s zinc exports. While there are no disaggregated data on foreign direct investments (FDI) in Eritrea, there is evidence that China is a key partner, particularly in the mining and infrastructure sectors<sup>28, 29</sup>, and a downturn in its economy will affect Eritrea’s FDI.<sup>30</sup> Figure 4 shows that the top five merchandize exports for Eritrea are zinc ore, copper ore, precious metals and stones, and unpackaged medicaments. The demand for Eritrea’s key exports (metals and other industrial goods) will be constrained by the damaging effects of COVID-19 on the economies of China and other trading partners. The COVID-19 has already caused disruptions in supply chains in China and other

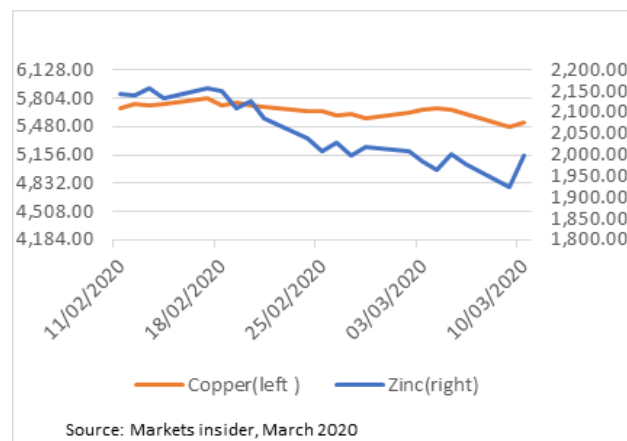


Figure 2: Top Three Export Destinations of Zinc (% of total zinc exports)

<sup>23</sup> Before COVID-19, Eritrea was experiencing disinflation because of access to cheaper consumer goods from Ethiopia.

<sup>24</sup> Eritrea had enjoyed fiscal surpluses pre-COVID-19 owing to its strict countercyclical fiscal management policy which has allowed it to increasingly provide for debt servicing in the past two years. Fiscal consolidation has been in place for the past two years. Its debt service was at 8.3% of exports in 2019 and 6.8% in 2018.

<sup>25</sup> Deficits in the pre-COVID-19 scenario had been projected because of the anticipated reduction in agricultural economic activities because of the advent of locusts (impacting on revenues) and increased debt servicing and possible

retirements of some of the country’s debts (increasing spending).

<sup>26</sup> Multilateral agencies such as the African Development Bank are considering providing some COVID-19 response support, the World Health Organization and some of Eritrea’s middle east partners are expected to provide some bilateral support in response to COVID-19.

<sup>27</sup> The Government has commended the generosity and support extended by the Eritrean Diaspora in response to the COVID-19. This means the remittance inflows have been exceptionally high. Multilateral agencies such as the African Development Bank are considering providing some COVID-19 response support in 2020. The World Health Organization is expected to provide response support.



trading partners which will undoubtedly affect volumes and prices for Eritrea’s mineral exports. Metals are Eritrea’s leading exports, accounting for 85.8% of total merchandise exports and 17.0% of GDP. Figure 3 above illustrates the fall in zinc prices per tonne from US\$ 2,140 to US\$ 2,000 between 11th February 2020 and 10th March 2020, representing a 6.7 % decline. Similarly, the price of copper per tonne declined by 3.0% from US\$ 5695.5 to US\$ 5521.95 over the same period. Both minerals are important for Eritrea’s economy with zinc contributing close to 74.9% to exports and copper 13.6%.<sup>31</sup> The projected 3.9 % real GDP growth for 2020<sup>32</sup> made prior to the outbreak of the COVID-19 was contingent on good performance of zinc and copper exports. Lower zinc and copper exports will also affect Eritrea’s foreign exchange inflows, worsening the foreign exchange shortages.

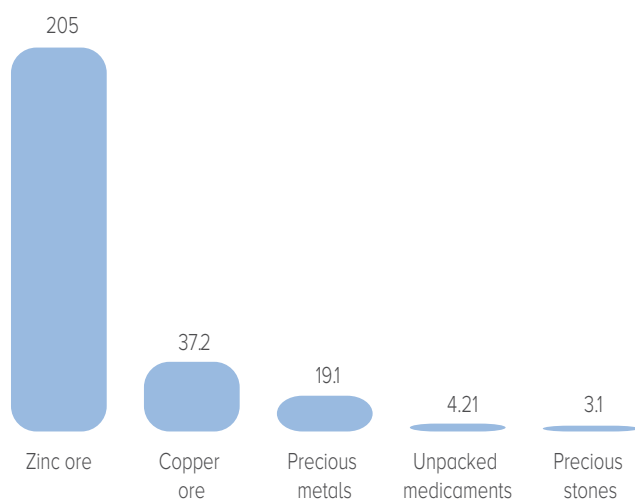


Figure 3: Prices of Zinc and Copper (US\$ per tonne)

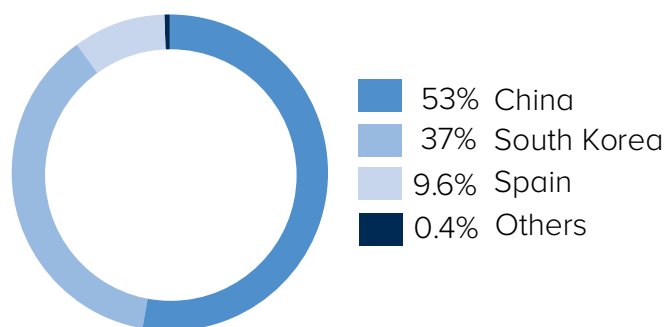


Figure 4: Top Exports of Eritrea (US\$ millions)

vi. With global travel bans, the modest gains in tourism in Eritrea are set to decline. Tourism is an emerging source of foreign exchange for Eritrea but still contributes less than 1% of GDP. The sector’s outlook improved following the lifting of UNSC sanctions and normalization of relations with neighbouring countries<sup>33</sup> and has been attracting Eritrea’s diaspora. However, following the COVID-19 outbreak, travel from all countries has ceased, and this will undoubtedly wipe out the contribution of the sector to the economy and reverse its growth.<sup>34</sup>

vii. Flow of foreign remittances to Eritrea for 2020 is set to reduce. In 2017, approximately US\$17.5m was received as diaspora remittances which constituted about 0.65% of the GDP. Given the lockdowns and reduced economic activities across the world, the COVID-19 will impact the remittances. Notably, in line with its policy of self-reliance, Eritrea commendably mobilized approximately US\$3m from its diaspora within a short period to support its COVID-19 response. Conditions abroad could impact the ability of the diaspora to continue to provide such support.

<sup>28</sup> According to the Economist Intelligence Unit report 18th September 2018, the Chinese company Zijin bought the company at 1.41 billion. Nevus has 60% share stake in Bisha mine and the state-owned Eritrea national mining company (ENAMCO) has 40%. The life of Biha was extended to 2022.

<sup>29</sup> According to the Economist Intelligence Unit report 18th September 2018, the Chinese company Zijin bought the company at 1.41 billion. Nevus has 60% share stake in Bisha mine and the state-owned Eritrea national mining company (ENAMCO) has 40%. The life of Biha was extended to 2022.

<sup>30</sup> According to the press release of 16th September 2020 China is heavily involved in infrastructure. In the infrastructure sector, it is constructing a 30-kilometer road: (Adi-Guadad-Akordet road infrastructure project project). This is the first phase of the two years project, which is expected to cover 30-km

connecting the Red Sea nation’s Habela and Cheatat areas. In the health sector, the republic of China is providing support to improve maternal and child health, public health sanitation, capacity building for health workers and provision of medical equipment to health facilities (According to the press release of 16th September 2020).

<sup>31</sup> <https://oec.world/en/visualize/>

<sup>32</sup> African Economic Outlook

<sup>33</sup> Information on the operations of Eritrean Airlines, the national carrier, is not readily available.

<sup>34</sup> The number arrivals by land, water and air had increased to 141,000 in 2016 from 113,000 in 2015: <https://knoema.com/WTO2017/world-tourism-organization-database>. Owing to dearth of data, there is no information for 2018.





viii. Although Eritrea's financial sector has minimal direct exposure to global financial systems, it is set to suffer from the potential of in-house growth contraction. Eritrea's financial sector remains small with one commercial bank and two non-banking institutions. The state-owned Eritrea Investment and Development Bank dominates the non-banking sector. Owing to capitalization and capacity constraints, the banking sector's ability to meet the growing demand for term-finance and related services from both public and private sectors remains limited. In the context of the Basel III International Regulatory Framework for Banks requirements, the country's banking sector is still weak. Moreover, the supervisory authority has not been able to transition from compliance supervision to the preferred risk-based supervision. This renders the country vulnerable to international

COVID-19 crisis-related shocks. However, this impact may be limited because Eritrea's financial sector has minimal direct exposure to global financial systems.

ix. The pandemic will slow down job creation in the economy as resources are re-directed to address the impacts of the pandemic. Approximately 42.6% of all employed persons are engaged in decent jobs while 57.4% of the employed workforce are in vulnerable employment. The share of vulnerable employment is far higher for women at 69.5%. In addition, there is a significant population engaged in the informal economy with approximately 31.5% of the total employment during the period 2015/16 and which could be higher over time.







# IV. POLICY IMPLICATIONS AND RECOMMENDATIONS

From the preceding analysis, the following policy implications and considerations are key:

## Continue to consider and plan for multiple uncertainties

- Eritrea has so far done extremely well in the containment of the pandemic. There are still many ‘unknowns’ around the pandemic with implications for response planning: How long will it persist around the world? Will the disease’s trajectory in Africa follows the same global pattern of exponential spread within a short time? How will the pandemic and prolonged containment measures impact national economies and social services? How severe will the pandemic get globally and in Eritrea and will response capacities remain adequate? When would a vaccine or cure become available? Working with these unknowns will require contingency and scenario thinking to support preparedness and planning.

## Global, regional and sub-regional coordination and cooperation will be key

- Its current containment success notwithstanding, Eritrea will remain exposed to adverse effects as long as the pandemic is not contained in most countries in the immediate region and the rest of the world. This calls for consideration of long-term coping strategies that take into account the possibility of the pandemic’s persistence for months or even years around the globe. In addition, global, regional and sub-regional cooperation and coordination mechanisms will be critical in the management of the disease and its impacts.

## Health First: Expand and strengthen current capacity of the health sector in preparedness for any possible second wave

- Eritrea seemed to be successfully subduing the first wave of infection in the country. However, it should continue efforts to address health system gaps in COVID-19 and pre-COVID-19 context in readiness for any potential second wave. Specifically, the country should retain the current while progressively expanding its existing laboratory capacity for mass testing. Also increasing its contact tracing, quarantine, treatment and case management capacities as the numbers continue to decline.
- Invest in efficient system for current and future analysis, simulations, response to similar outbreaks.

## Maintain or scale up the current momentum in the fight against COVID-19 to continue to protect people and communities from transmission and contagion

- Consider a gradual reopening or return to business as usual. As the spread of the disease in Eritrea seemed to have slowed in the last couple of weeks, it is important to start reviewing suppression and containment measures with a view of reopening the economy. While it is important to ease movements and reopen the economy, it should be based on a risk and phased approach to avoid any possible second wave as a result of undetected community transmission.
- Build on this rapid assessment of general social protection financing options for Eritrea and invest in rural and urban safety nets in form of cash and food transfer.





## V. CONCLUSION

With the projected budget deficit, it is hard to see any fiscal stimulus to in place in the short run. The most logical immediate actions, therefore, would be health sector capacity-strengthening, social protection of the poor and vulnerable population through cash, food and other in-kind transfers. Fiscal packages (tax and non-tax considerations) to ease the loss of income on businesses and to bolster economic recovery is also a reasonable option. Towards overturning any gains lost in poverty, food security, health, WASH, education, environmental sustainability and other related areas of the Sustainable Development Goals as a direct or indirect consequence of COVID-19, both immediate and long-term actions have been identified in the annex below.







## Annex II. DETAILED SECTORAL RECOMMENDATIONS

### i) Health Systems Strengthening

- Minimise the impact of COVID-19 pandemic by applying both the “mitigation” and the “suppression” approach in the short term; and in the long-term, strengthen the overall capacity of the health system to respond to COVID-19 and other demands on the health sector.
- Ensure focus is maintained on the routine health services with particular attention to the most vulnerable such as those with pre-existing conditions, living with disabilities and HIV/AIDS and the elderly.
- Fully equip (and centralise) quarantine and treatment sites and establish effective referral systems so that the interruption of routine care in other service delivery points is minimized.
- Ensure containment measures do not disrupt the supply chains of essential commodities, including SRHR and GBV commodities distribution to end-users and rational use of available supplies to avoid wastage.
- Promote contact tracing at community level to dispel rumours and misconceptions.
- Provide adequate PPEs, soap and hand sanitizers for frontline service providers including to community health workers.
- Provide additional logistical support to scale up integrated outreach services, and avail medication to all in need of them.
- Support the local production of essential items that can be manufactured within the country.
- Proactively develop a post-COVID catch-up drive for all services that might lag or be neglected during the pandemic.
- Gender mainstreaming in the COVID 19 response to ensure women’s participation in the COVID 19 decision making processes- ensuring that women and girls need and concerns in the COVID 19 are informing national response.
- Ensure that GBV are considered as essential services as part of the COVID 1 response; ensuring adequate funding.
- Ensure the collection of sex- age disaggregated data to inform COVID 19 response and recovery efforts.

For the health sector moving forward, a comprehensive integrated package is required as follows:

- A comprehensive programme aimed at addressing COVID-19 related direct demands on health sector (infection, prevention, risk communication, socio-economic impacts, etc.) while remaining focused on-going strategic services/ demands of the health sector, including provision of essential services for different demographic groups on basic health services, equity issues, universal health coverage for the population, data and information management, and improving human resource development.
- Address health system gaps in pre-COVID-19 context which will surface as the system responds to the pandemic-related pressures and demands.
- Invest in evidence-generation, data analysis and the documentation of lessons learnt.

### ii) Water, Sanitation and Hygiene

- Strengthen climate-resilient WASH programming, especially access to clean water supply and handwashing facilities with soap, by adopting innovative solutions and unlocking supply chains bottlenecks to ensure the sustainability of facilities and services.
- Ensure continuity of service delivery during the COVID-19 outbreak, increase resource allocation (financial and human) to the WASH sector to support installation of hygiene and handwashing facilities and soap in health care facilities, schools, public places, and un- or underserved rural communities.
- Monitor primary and secondary impacts of COVID-19 on families with children, elderly people, and people living with disabilities and create ‘WASH safety nets’ such as water trucking, provision of handwashing facilities and soap, and waiving water fees, particularly for vulnerable families in Asmara and other urban areas.







- Mainstream nutrition in relevant national development policies and frameworks such as the disaster risk reduction and management.
- There is need to support and protect breast feeding through the dissemination and implementation of appropriate breastfeeding recommendations in the COVID-19 context, and provision of replacement feeding for infants unable to be breastfed.

#### iv) Social protection programmes

- Team up with partners to ensure livelihood protection by rolling out/scaling up social safety nets response while strengthening the food security and nutrition targeting and particularly initiate/ strengthen coverage of the social protection measures for the agricultural labourers, poor pastoralists, poor urban households and fishing communities to minimize the impact of the disease.
- Implement interventions aimed at boosting people's ability to "hold position" such as Cash and Voucher Assistance (CVA) which could help avoid negative coping strategies including disposal of family assets.
- Increase the transfer amounts to existing social assistance participants and expand the social protection programmes (cash or in-kind) to non- beneficiaries of the existing programmes who are vulnerable to the impacts of the COVID19.
- Gather data on ongoing/planned CVA activities and other immediate responses that can protect household and business assets.
- Design programmes that fill gaps, being sensitive to the potential for market distortions.

#### v) Education

- Devise a strategy for compensating for lost instructional time, strengthen pedagogy and build on hybrid learning models (integrating approaches in remote and distance education), including knowledge on disease transmission and prevention.
- Prepare for the safe reopening of schools to ensure conditions that reduce disease transmission, safeguard essential services and supplies and promote healthy behaviours.
- Adopt proactive approaches to ensure the most marginalized and vulnerable groups don't fall further behind due to Covid-19 but provide special provisions for those groups (children with disabilities, children from minority language groups, girls).
- Expand the focus on students' well-being through increased psychosocial support responses to the effects of COVID-19 on primary- and secondary-age students and reinforce the protection of children through enhanced referral mechanisms and provision of essential school-based services.

#### vi) Jobs and Economic recovery

- Develop a stimulus package for MSMEs that have been affected by the COVID-19.
- To cushion the country from COVID-19's significant impact on the economies relying on the export of commodities consider debt rescheduling and debt-relief measures to lessen the impact and stimulate growth.
- Provide targeted financial and technical support to youth and women entrepreneurial initiatives, including those partaking in the informal sector under the existing programme support.
- Harness the potential for job creation in sustainable green solutions and digital economy.

